

INDIVIDUAL RESERVATION FORM

(08-18-22)

Today's Date _____

Contact Name _____

Contact Email _____

Contact Phone _____

___ Event ___ Meeting ___ Approx. # of Attendees

Event/Meeting Name _____

Start Date: _____ Time: _____

End Date: _____ Time: _____

Recurring: ___ Yes ___ No ___ Weekly ___ Monthly ___ Bi-Weekly

S M T W Th F Sa

Location of Event

___ Main Level :

___ Community RM ___ Kitchen ___ Wesley RM ___ Meditation RM

___ Lower Level: ___ Youth Underground ___ Kitchen ___ Aldersgate RMS

___ Other: _____

Equipment Needed ___ Sound ___ Television/DVD Player

___ Other: _____

Suggested Donations (see usage guide) Deposit \$ _____
Donation \$ _____

*We agree to the policies and procedures of First United Methodist Church & Outreach Center, including but not limited to suggested donations, set-up and clean-up. **Only spaces reserved and requested may be utilized.***

Signature

Staff Member

Office Use Only: ___ Approval ___/___/___ by ___ Staff ___ Trustees ___ Other: _____

___ Calendar ___ Scheduler ___ Deposit Paid ___/___/___ Suggested Donation Received ___/___/___

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